# Row 10855

Visit Number: fcee3d97dfdb54fdf19928df01599db8ada3095164c3574a012830b5efde532f

Masked\_PatientID: 10855

Order ID: 9cd1ca65b48cfb884c73339c17affca42a049a34d2171f2d2d0c1c49987b16c7

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 07/11/2019 8:44

Line Num: 1

Text: HISTORY left horners syndrome TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Note is made of the radiograph of 2 Nov 2019. Breathing artefacts have degraded the study. There is consolidation, mucous plugging and bronchial thickening in the posterior-basal and lateral-basal segments of the left lower lobe. Mild bronchial thickening is also noted in the right lower lobe. Mild centrilobular nodularity is also seen in the anterior left upper lobe and right lower lobe posterior-basal segment. These changes are likely infective in nature. No suspicious pulmonary mass or nodule. Small calcified granuloma is seen at the right lower lobe (6-56). No pleural effusion. Major airways are patent. Borderline 1.0cm subcarinal lymph node as well as small volume subcentimetre left lower lobar and interlobar nodes are probably reactive in this context. No significantly enlarged mediastinal, hilar or axillary lymph node. No mediastinal or supraclavicular mass is seen. Heart is not enlarged. No pericardial effusion. Previous coronary artery bypass graft with midline sternotomy wires. Background atherosclerotic calcifications of the coronary arteries are noted. Atherosclerotic changes of the visualised aorta is also noted. Visualised thyroid gland is unremarkable. Visualised segments of the upper abdomen shows uncomplicated cholelithiasis. No destructive bone lesion. Degenerative changes of the spine and imaged left shoulder joint is noted. Cortical irregularity along the left 5th anterior rib, close to the costochondral junction may represent an undisplaced fracture. CONCLUSION 1. No mediastinal, supraclavicular or pulmonary mass lesion detected. 2. Patchy consolidation in the left lower lobe with bronchial wall thickening is likely to represent infective changes. Mild centrilobular nodularity in the left upper and right lower lobe are likely related. 3. Cortical irregularity along the left 5th anterior rib, close to the costochondral junction may represent an undisplaced fracture. 4. Other minor findings are as detailed above. Report Indicator: Further action or early intervention required Reported by: <DOCTOR>

Accession Number: 7c17cada234270b1036bd420a38955f0ca6b2ea3813057bdf10ec93f639c289e

Updated Date Time: 07/11/2019 14:14